

PATENT NUMBER

## U.S. UTILITY Patent Application

SC NED AA Q.A. he

|                              |                 |                         |               |                                     |                              |                    |
|------------------------------|-----------------|-------------------------|---------------|-------------------------------------|------------------------------|--------------------|
| APPLICATION NO.<br>09/557878 | CONT/PRIOR<br>D | CLASS<br><del>711</del> | SUBCLASS<br>1 | ART UNIT<br>2759<br><del>3673</del> | EXAMINER<br><del>SAI L</del> | Wav Dong<br>NORMAN |
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TS Mike Jensen ✓

Computer-implemented process of reporting injured worker information

PTO-2040  
12/99

**ISSUING CLASSIFICATION**

| ISSUING CLASSIFICATION       |  |          |  |                    |                                   |  |  |  |  |  |  |  |
|------------------------------|--|----------|--|--------------------|-----------------------------------|--|--|--|--|--|--|--|
| ORIGINAL                     |  |          |  | CROSS REFERENCE(S) |                                   |  |  |  |  |  |  |  |
| CLASS                        |  | SUBCLASS |  | CLASS              | SUBCLASS (ONE SUBCLASS PER BLOCK) |  |  |  |  |  |  |  |
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| INTERNATIONAL CLASSIFICATION |  |          |  |                    |                                   |  |  |  |  |  |  |  |
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| <input checked="" type="checkbox"/> <b>TERMINAL<br/>DISCLAIMER</b>   | <b>DRAWINGS</b>                       |             | <b>CLAIMS ALLOWED</b>   |              |
|  | Sheets Drwg.                          | Figs. Drwg. | Print Fig.  | Total Claims |
| <input type="checkbox"/> The term of this patent<br>subsequent to _____ (date)<br>has been disclaimed.   | _____<br>(Assistant Examiner)         |             | <b>NOTICE OF ALLOWANCE MAILED</b><br><br>_____                    |              |
| <input checked="" type="checkbox"/> The term of this patent shall<br>not extend beyond the expiration date<br>of U.S. Patent. No. <u>6,065,000</u><br><br>_____<br>_____ | _____<br>(Primary Examiner)           |             | <b>ISSUE FEE</b><br><br>Amount Due                      Date Paid |              |
| <input type="checkbox"/> The terminal _____ months of<br>this patent have been disclaimed.   | _____<br>(Legal Instruments Examiner) |             | <b>ISSUE BATCH NUMBER</b><br><br>_____                            |              |

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Form **PTO-436A**  
(Rev. 6/99)

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